

Case Number:	CM13-0034725		
Date Assigned:	12/11/2013	Date of Injury:	07/19/2004
Decision Date:	02/11/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry and Neurology, has a subspecialty in Geriatric Psychiatry and Addiction Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 39 year old male whose date of injury is 7/19/04. He is diagnosed with major depressive disorder, panic disorder with agoraphobia, and sleep terror disorder. He was working as an alarm technician standing on a ladder when he fell backwards, landing on his tailbone. Initially he complained of inability to move or feel either of his legs. He was transported to the emergency room, where x-rays showed no fractures. He was given temporary disability. He subsequently regained feeling and movement in his legs. On 8/4/04, he was diagnosed with thoracic vertebrae fractures. His temporary disability was extended for 4 months, and physical therapy was recommended. He was released back to work on 12/4/04 on light duties; however after just four days, the claimant experienced excruciating back and neck pain such that he was unable to continue working. On 5/5/05 he underwent spinal fusion surgery, but the severe pain persisted. He developed persistent anxiety and sleep disturbance, so Xanax and Ambien were prescribed at this time. In 2006, he was given Prozac and Vicodin for pain. In 2008, he attempted to retrain in a similar occupation; however he became overwhelmed by the class workload and demands. At this point, due to his physical limitations, he required assistance with simple activities of daily living and had feelings of uselessness. He was given a trial of Zoloft, but experienced anger with violent impulses. He was switched to Paxil and Buspar, and remained on Xanax and Ambien. At some point in 2008m his pain was being managed with Percocet, Motrin, and Oxycontin. In 2009 he was described as anxious, depressed, hyperirritable, and suffering from night terrors, feelings of uselessness, and suicidal thoughts. His Trazodone was increased to 50mg (start date unknown). A report by [REDACTED] on 7/13/13 describes the claimant as having developed persistent major depressive disorder as a result of his impairments. He had received intermittent co

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Paxil 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Paxil. Decision based on Non-MTUS Citation the Official Disability Guidelines, Mental Illness and Stress, Antidepressants for treatment of PTSD

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Antidepressants for treatment of MDD (Major Depressive Disorder).

Decision rationale: Per the Treating Physician's Determination of Medical Issues, dated 9/13/2013, the request was for Paxil 20mg qd, with office visits every other month, through 12/13/2013. The IMR request was for one prescription of Paxil, which would be for #60 if the office visits are every other month. That is what the physician reviewer reviewed. The California MTUS does not address Paxil; therefore the Official Disability Guidelines were utilized in this determination. Per the ODG, Paxil is recommended for the treatment of major depressive disorders that are moderate or severe. In this case, this worker developed a persistent major depressive disorder as a result of his original impairment. It appears that Paxil has been quite helpful to him in reducing his irritability and hopelessness as part of his major depressive disorder and, as such, should be continued. Therefore, the request is certified.

Trazodone 150mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress, Trazodone and Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Trazodone (Desyrel).

Decision rationale: Per the Treating Physician's Determination of Medical Issues, dated 9/13/2013, the request was for Trazodone 150mg hs, with office visits every other month, through 12/13/2013. The IMR request was for one prescription of Trazodone, which would be for #60 if the office visits are every other month. That is what the physician reviewer reviewed. The California MTUS does not address Trazodone; therefore the Official Disability Guidelines were utilized in this determination. Per the ODG, Trazodone is noted to be an option for insomnia, used in patients with coexisting depression or anxiety. Trazodone was originally approved for the treatment of major depressive disorder. In this case it appears that it is being used in conjunction with Paxil for the treatment of insomnia. As the patient has been effectively stabilized on a regimen of Paxil and Trazodone and is said to be improved with respect to irritability and hopelessness, Trazodone should be continued. Therefore, the request is certified.

